MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01573

1587

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge 06X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) ANGELL

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 10-2-1890 | 9. AGE last birthday 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles M. Delauter
14. MOTHER'S MAIDEN NAME: Laura Buffington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Charles L. Angell

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.1
IMMEDIATE CAUSE (A) Acute febris - purulent meningitis,
ANTECEDENT CAUSE (B) DUE TO pneumococcal, type III — 2 wks.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic otitis media, right — ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1955, to 2/3, 1955, that I last saw the deceased alive on 2/3, 1955, and that death occurred at 11 20 A M, from the causes and on the date stated above.

SIGNATURE Henry V. Chase M.D. ADDRESS Frederick Md DATE SIGNED 2/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 6, 1955
NAME OF CEMETERY OR CREMATORY Methodist Church Cem
LOCATION (City, town, or county) (State) Middleburg, Md

DATE REC'D BY LOCAL REGISTRAR 3 Feb - 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01574

1608

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) X Frederick-RuralR.D.#2
LENGTH OF STAY (in this place) 6Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 New Design Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural R.D.#2 X
STREET ADDRESS (If rural give location) New Design Road

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) BAKER

4. DATE OF DEATH: (Month) (Day) (Year) February 3, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: May 2, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. King

14. MOTHER'S MAIDEN NAME: Rosa M. Monred

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs.Paul H. Clemson,Frederick,R.D.#2, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to Feb. 3, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard O. Thomas Jr. M.D. ADDRESS Frederick M DATE SIGNED Feb 5, 1955

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

DATE THEREOF Feb.6,1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR February 5,1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01575

1588

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ 11 Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ebola Pa. 75X-3
STREET ADDRESS (If rural give location) 14 Altoona St

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) C (Last) Blessing
4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Oct 13 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A Davis
14. MOTHER'S MAIDEN NAME: Martha Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Vernon V. Blessing 1000 Walnut St. Coatsville Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Embolis — 48 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — 52 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26 1955, to Feb 28 1955, that I last saw the deceased alive on Feb 28, 1955, and that death occurred at 2:38 M, from the causes and on the date stated above.

SIGNATURE B O Thomas M. D. ADDRESS Frederick Md DATE SIGNED Feb. 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar 4/55
NAME OF CEMETERY OR CREMATORY Enola Cemetery
LOCATION (City, town, or county) (State) Enola Cumberland Co Pa.

DATE REC'D BY LOCAL REGISTRAR March 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR J F Cline. Sons ADDRESS Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAR 3 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01576

1639

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (in this place) 1339 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 04 Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3701-4
STREET ADDRESS (If rural give location) 1703 Letitia Ave.

3. NAME OF DECEASED: (First) Nelson (Middle) J. (Last) Booker

4. DATE OF DEATH: (Month) February (Day) 4, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 16, 1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY: Chauffeur

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Booker

14. MOTHER'S MAIDEN NAME: Ellen Crocken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-1431

17. INFORMANT & ADDRESS: Adelaide Booker, wife, 1703 Letitia Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 8 years.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1951, to Feb. 4, 1955, that I last saw the deceased alive on Feb. 4, 1955, and that death occurred at 7:15 a.m. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cullen, Maryland DATE SIGNED February 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-7-55 — NAME OF CEMETERY OR CREMATORY Balto. National Cem. — LOCATION (City, town, or county) (State) Balto. Maryland

DATE REC'D BY LOCAL REGISTRAR 2/4/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01577

1589 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge 06X-2
STREET ADDRESS (If rural give location) Benedum St

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) LESLIE (Last) COLEMAN
4. DATE OF DEATH: (Month) FEB (Day) 15 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): M
8. DATE OF BIRTH: Aug 6 - 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Lehigh Cement Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William E Coleman
14. MOTHER'S MAIDEN NAME: Daisy Angell
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-24-9766
17. INFORMANT & ADDRESS: Louise Coleman, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

451X

Immediate cause (a) Rupture of aneurysm of the abdominal aorta. — 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerosis — ? yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Benign hypertrophy of prostate — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1955, to 2/15, 1955, that I last saw the deceased alive on 2/15, 1955, and that death occurred at 1 35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry V. Chase M.D. ADDRESS 4 E Church St Frederick Md DATE SIGNED 2/15/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Feb 18. 1955
NAME OF CEMETERY OR ~~CREMATORY~~ Pipe Creek
LOCATION (City, town, or county) (State) Carroll Co. Md
DATE REC'D BY LOCAL REGISTRAR 17 Feb. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR D D Hartzler & Sons, Union Bridge, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01578

1590

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 Dill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 302 Dill Avenue

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) ESTELLE (Last) CONDON

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: March 11, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bradley T. Fout

14. MOTHER'S MAIDEN NAME: Mary Dyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary C. Hodgson--Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 x

Immediate cause (a) Thrombosis, Left Middle Cerebral Artery — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis, Right " " " — 3 months

DUE TO

(c) Cerebral Arteriosclerosis — 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 8 Feb, 1955, that I last saw the deceased alive on 8 Feb, 1955, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 4 W 3rd St DATE SIGNED 2-11-55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

DATE THEREOF Feb. 11, 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11 Feb. 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR C. E. Cline & Son - ADDRESS 8 East Patrick Street Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
..3 ' 1 05
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01579

1591 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 4½ Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Ulster
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Kingston
STREET ADDRESS (If rural give location) 88 West O'Reilly Street

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (NONE) (Last) CROST

4. DATE OF DEATH (Month) February (Day) 2, (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married | 8. DATE OF BIRTH: April 3, 1882 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver | 10B. KIND OF BUSINESS OR INDUSTRY: Same | 11. BIRTHPLACE (State or foreign country): Holland | 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Israel Crost | 14. MOTHER'S MAIDEN NAME: Sarah Stodel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 060-07-5022 | 17. INFORMANT & ADDRESS: 88 West O'Reilly St., Mrs. Edith Crost, Kingston, New York

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) PULMONARY EMBOLISM	15 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) MYOCARDIAL INFARCTION	1 month
	DUE TO (C) CORONARY ARTERIOSCLEROSIS	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to Feb 2, 1955, that I last saw the deceased alive on Feb 2, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE Barry J. Plunkett Jr. M. D. | ADDRESS Walkersville, Md. | DATE SIGNED Feb 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 4, 1955 | NAME OF CEMETERY OR CREMATORY Mount Hebron Cemetery | LOCATION (City, town, or county) (State) Flushing, L.I., New York

DATE REC'D BY LOCAL REGISTRAR 2 Feb. 1955 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. P. Etchison & Son, Frederick, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1610 CERTIFICATE OF DEATH

Reg. Dist. No. 01580 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (in this place) 106 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-X-2
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Day

4. DATE OF DEATH: (Month) (Day) (Year) February 10, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: October 26, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Day

14. MOTHER'S MAIDEN NAME: Jennie Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Robert Day, Route #2, Hagerstown, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerosis — Unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1954, to Feb. 10, 1955, that I last saw the deceased alive on Feb. 10, 1955, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cullen, Maryland DATE SIGNED February 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/14/55 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/10/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Son, 305 N. Potomac St. Hagerstown, Md.

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01581

1611 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) X Frederick-Rural#5 — LENGTH OF STAY (in this place) Yeans

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Shookstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick R.F.D.#5, X

STREET ADDRESS (If rural give location) Shookstown /

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) LEWIS (Last) DELAUGHTER

4. DATE OF DEATH: (Month) (Day) (Year) February 14, 1955

5. SEX Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: April 1,1895

9. AGE last birthday 59 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder

10B KIND OF BUSINESS OR INDUSTRY: Iron&Steel Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: John H. Delaughter

14. MOTHER'S MAIDEN NAME: Annie Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) wwl

16. SOCIAL SECURITY NO. 214-10-3294

17. INFORMANT & ADDRESS: Richard T. Delaughter, Frederick R.D.#5, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE — (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S) — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) Arteriosclerosis — 10 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 11, 1953 to 2-14, 1955, that I last saw the deceased alive on 2-14, 1955, and that death occurred at 6:00P M, from the causes and on the date stated above.

SIGNATURE M. G. Bourne Jr — M. D. — ADDRESS Frederick, Maryland — DATE SIGNED 2/15/1955

23 BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Feb 18-1955 — NAME OF CEMETERY OR ~~CREMATORY~~ Rocky Springs Cem — LOCATION (City, town, or county) (State) Frederick Co. Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Feb 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

BUREAU

1612

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 02

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 13 01582

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RURAL - FREDERICK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BALLENGER CREEK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ RURAL - FREDERICK
STREET ADDRESS (If rural, give location) BALLENGER CREEK RD.

3. NAME OF DECEASED: (Type or Print) (First) ROLAND (Middle) LEE (Last) DIEHL

4. DATE OF DEATH (Month) FEB. (Day) 25, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): SINGLE

8. DATE OF BIRTH: AUG. 4, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DON'T KNOW

14. MOTHER'S MAIDEN NAME: ELIZABETH DIEHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NINE

17. INFORMANT & ADDRESS: MOTHER - SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) MALNUTRITION	1 YR.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Cline, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2-25-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF 2-28-1955 | NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY | LOCATION (City, town, or county) (State) Frederick Md.

DATE REC'D BY LOCAL REG. 26 Feb 1955 | REGISTRAR'S SIGNATURE Elizabeth S. Hale

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick - Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1613 01583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) NR. FREDERICK
LENGTH OF STAY (in this place) 5YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BAKER VALLEY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits write RURAL and give nearest town) BAKER VALLEY RD.
STREET ADDRESS (If rural, give location) NR. FREDERICK

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) SUSAN (Last) GEISBERT

4. DATE OF DEATH: (Month) FEB. (Day) 24, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): WIDOW

8. DATE OF BIRTH: JULY 11, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HENRY SMITH

14. MOTHER'S MAIDEN NAME: MINNIE STALEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-3287

17. INFORMANT & ADDRESS: BARBARA KOONTZ - SISTER - 613 CHARLES ST. - FREDERICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) STRANGULATION BY HANGING	MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No

21a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HOME

21c. (City or town) NR. FREDERICK (County) FREDERICK (State) MARYLAND

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 24, 1955 (a.m. or p.m.) 12:00 Noon

21e. INJURY OCCURRED While at work ☐ Not while at work X

21f. HOW DID INJURY OCCUR? HUNG SELF FROM BEAM IN ATTIC.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide X, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Fuhrman, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER X ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-24-55

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 28, 1955

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 26 Feb 1955

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01584

1592 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 216 East Third Street

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Samuel (Last) Hahn
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 11-12-1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tinner
10b. KIND OF BUSINESS OR INDUSTRY: Retail Plumbing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Hahn
14. MOTHER'S MAIDEN NAME: Catherine E. Haller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-05-6761
17. INFORMANT & ADDRESS: Mrs. Lewis S. Hahn (Wife) 216 E. Third St. Frederick- Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 572.2 (a) Ulcerative Colitis c Perforation and Peritonitis — Interval Between Onset And Death 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

900.0 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia, Fractured Ribs - 4 8 - RL Arteriosclerotic Heart Disease — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR? Fell down stairs -

22. I hereby certify that I attended the deceased from Feb 10, 1955, to Feb 18, 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 6:30 P.M. from the causes and on the date stated above.
SIGNATURE John M. Culler (Degree or title) MD ADDRESS 15 E Second St, Frederick Md DATE SIGNED 2/21/55

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 2-21-1955
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick- Maryland
DATE REC'D BY LOCAL REGISTRAR 21 Feb 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C.E. Cline and Son- Frederick- Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01585

1593 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ // Frederick — LENGTH OF STAY (in this place) 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 West South Street	STREET ADDRESS (If rural give location) 430 West South Street

3. NAME OF DECEASED: (Type or Print) (First) Delphia (Middle) I. (Last) Hilderbrand

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: Jan. 23-1883

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J.H.M.Fogle

14. MOTHER'S MAIDEN NAME: Alice A.—?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Eugene Virts-430 W. South St. Fred'k. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Chr. Cardio Renal Vascular Disease — Interval Between Onset And Death 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1950, to 2-12, 1955 that I last saw the deceased alive on 2-12, 1955, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) U. G. Bourne Jr. ADDRESS Frederick Md DATE SIGNED 2-14-55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial — DATE THEREOF 2-15-1955 — NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery — LOCATION (City, town, or county) (State) West of Frederick-Md.

DATE REC'D BY LOCAL REGISTRAR 14 Feb 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son-Frederick-Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB

BUREAU V. S.

1614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01586

CERTIFICATE OF DEATH

Reg. Dist. No. 138

Item 2, Film C177 2-25-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 106 E. 2nd St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucy		Holmes	Feb	14	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	single	Feb 18 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress		Frederick	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lewis Holmes	Harriet Eckes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Joseph Lerner M.D. Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerotic Heart Disease	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Empyema - Rt chest	3 weeks
	(c) Pleurisy	4 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Feb 14, 1955, that I last saw the deceased alive on Feb 14, 1955 and that death occurred at 4 05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph Lerner M.D.	Frederick Md	Feb 17 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 16, 1955	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 17, 1955	Lucas K Falconer	C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01587

1615

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge Rural
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Libertytown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge Rural
STREET ADDRESS (If rural give location) near Libertytown

3. NAME OF DECEASED: (Type or Print) (First) ELLSWORTH (Middle) PV (Last) HOY
4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1955
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: April 27-1915
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustus Hoy
14. MOTHER'S MAIDEN NAME: Hallie Biggus
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No: 219-20-2669
17. INFORMANT & ADDRESS: Jessie H Hoy Union Bridge Rural Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 492X (a) Pulmonary Pneumonia

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-, 1955, to 2-27, 1955, that I last saw the deceased alive on 2-27, 1955, and that death occurred at 12.15, from the causes and on the date stated above.
SIGNATURE (Degree or title) J. N. Legg M D
ADDRESS Union Bridge
DATE SIGNED 2-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 2 1955
NAME OF CEMETERY OR CREMATORY Oldfields Cem.
LOCATION (City, town, or county) Frederick Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR Feb. 28, 1955
REGISTRAR'S SIGNATURE Leslie L. Kepp
24. FUNERAL DIRECTOR D D Hartzler & Sons
ADDRESS Union Bridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01589

1616 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Braddock Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural
STREET ADDRESS (If rural give location) Braddock Heights

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Achsah (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: Oct. 16, 1861
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Teacher Ret.
10b. KIND OF BUSINESS OR INDUSTRY: ********
11. BIRTHPLACE (State or foreign country) Burkittsville
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Holland
14. MOTHER'S MAIDEN NAME: Eliza Ann Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mae Swann Braddock, Heights.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Thrombosis, Cerebral — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Feb, 1955, to 16 Feb, 1955, that I last saw the deceased alive on 16 Feb, 1955, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE Thomas L Stine (Degree or title) M.D. ADDRESS 4 West 3rd St DATE SIGNED 2-17-55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF Feb. 19, 55
NAME OF CEMETERY OR CREMATORY Petersville
LOCATION (City, town, or county) (State) Peterville, Fred. Co. Md.
DATE REC'D BY LOCAL REGISTRAR 17 Feb. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1594 CERTIFICATE OF DEATH

Reg. Dist. No. 131 01588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Frederick
LENGTH OF STAY (in this place): 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Me. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ridgeville
STREET ADDRESS (If rural give location): Rural--Mt. Airy

3. NAME OF DECEASED: (First) NANNIE (Middle) M. (Last) JONES
4. DATE OF DEATH: (Month) FEB. (Day) 14 (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-21-1864
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Samuel Glisan
14. MOTHER'S MAIDEN NAME: Margaret Harding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Miss Rachel Jones, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause: 413X — (a) Pneumonia, right lung — Interval Between Onset And Death: 5 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ..... DUE TO
(c) (904.9)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture of left hip (intracapsular) — 5 days.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1955, to 2/14, 1955, that I last saw the deceased alive on 2/13, 1955, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry V. Chase M.D. — ADDRESS: 4 E. Church St Frederick — DATE SIGNED: 2/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 2-16-1955 — NAME OF CEMETERY OR CREMATORY: Central — LOCATION (City, town, or county) (State): Frederick Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 16 Feb 1955 — REGISTRAR'S SIGNATURE: Elizabeth G. Hoch

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01590

1617 CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rocky Ridge, Md. Rural
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rocky Ridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocky Ridge, Md. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Joseph (Last) Kaas

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 5 Days X IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Emmitsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S. Citizen

13. FATHER'S NAME: John Kaas
14. MOTHER'S MAIDEN NAME: Charity Duble Kaas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Daniel J. Kaas Rocky Ridge, Md. RFD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 493X (A) Pneumonia — 6 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIDN CAUSING DEATH. Myocardial Infarction — 1 year

19A. DATE OF OPERATIDN:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. , 1954, to Feb. 27, 1955, that I last saw the deceased alive on Feb 27 , 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Charles R. Williams M. D. ADDRESS Emmitsburg Md DATE SIGNED March 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/3/55
NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery
LOCATION (City, town, or county) (State) St. Anthony, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 1 - 1955
REGISTRAR'S SIGNATURE M. F. Shuff
24. FUNERAL DIRECTOR ADDRESS M. L. Creager and Son Thurmont, Md.

RECEIVED
MAR 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01591

1595

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 208 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) JEMIMA (Last) KNILL
4. DATE OF DEATH: (Month) (Day) (Year) February 19, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: July 18, 1887
9. AGE last birthday 67 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas H. Hines
14. MOTHER'S MAIDEN NAME: Florence Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: LeRoy M. Knill, 208 Washington Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

578X

IMMEDIATE CAUSE (A) Pneumonia - hypostatic — 7 days

ANTECEDENT CAUSE (B) DUE TO Cerebral Ischemia — 2 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Gastro Intestinal Hemorrhage — 3 wks.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1954 to Feb. 19, 1955, that I last saw the deceased alive on Feb. 19, 1955, and that death occurred at 10:40PM, from the causes and on the date stated above.

SIGNATURE E. A. Dettbarn M. D. ADDRESS Frederick, Maryland DATE SIGNED 2/21/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 22, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 22 Feb. 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1595

CERTIFICATE OF DEATH

01592

Reg. Dist. No. .....

Item 12, FilmG177 2-25-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) City Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
STREET ADDRESS (If rural give location) 119 Fairview Ave 1

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Louis		Kolker	Feb	20	1955

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married		73				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Clothing	Poland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob	Fannie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Nettie Kolker - Same

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Acute myocardial infarction	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Occlusion	5 minutes
	DUE TO (c) Coronary sclerosis	3 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nephrosclerosis	3 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ,19 52, to Feb 20 ,19 55, that I last saw the deceased alive on Feb 20, 19 55, and that death occurred at 12.45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. R. Schoolman M.D.	Frederick Md	Feb 20, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-22-55	Arlington	Balto	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-55		Jack Lewis Inc	2100 Eutaw Pl

Autopsy revealed anterior and posterior myocardial infarction the most recent being the anterior. The immediate cause of death was probably ventricular fibrillation

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01593

1618

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Buckeystown
LENGTH OF STAY (in this place) 30Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Charles (Middle) Elmer (Last) Main

4. DATE OF DEATH: (Month) (Day) (Year) February 6, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 18, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Calvin Main

14. MOTHER'S MAIDEN NAME: Sarah Ellen Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. India P. Main, Buckeystown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-sclerotic heart dis. — 20+yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Angina pectoris — 20+yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1935, to 6 Feb., 1955, that I last saw the deceased alive on 6 Feb., 1955, and that death occurred at 2:30PM, from the causes and on the date stated above.

SIGNATURE Charles H Cooley M. D. ADDRESS Frederick, Maryland DATE SIGNED 2/7/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Feb. 9, 1955

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8 Feb. 1955

REGISTRAR'S SIGNATURE: Elizabeth B. Heck.

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01594

1597 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 02 4 West Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 11
STREET ADDRESS (If rural give location) 4 West Second Street 1

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) ELIZABETH (Last) McCARTHY

4. DATE OF DEATH: (Month) (Day) (Year) February 27, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 26 Feb 1901

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Solt

14. MOTHER'S MAIDEN NAME: Bertie Haller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 4 W. 2nd St., Paul V. McCarthy, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 EX

IMMEDIATE CAUSE (A) Carcinoma of Ovary & INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Generalized metastasis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exhaustion

19A. DATE OF OPERATION: Aug 1954

19B. MAJOR FINDINGS OF OPERATION Ca. of Ovary

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1937, to Feb 28, 1955, that I last saw the deceased alive on Feb 27, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE H Laurence Fahney M. D.

ADDRESS Frederick, Maryland

DATE SIGNED 28 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1 March 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 1 March 1955

REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Md.

RECEIVED
MAR 3 1955

MARYLAND STATE DEPARTMENT OF HEALTH

01595

2411 N. Charles Street, Baltimore

1598

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
   LENGTH OF STAY (In this place): 8 Yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 East Patrick

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
   STREET ADDRESS (If rural, give location): 19 East Patrick St

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Bradley (Last) Meesell

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/5/1870

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Thomas Meesell

14. MOTHER'S MAIDEN NAME: Catherine Elizabeth Brunes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-30-9852A

17. INFORMANT: Mrs Edna Meesell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Arteriosclerotic Heart Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Bronchi Pneumonia — Interval Between Onset and Death: 6 Days

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1955, to 2-23, 1955, that I last saw the deceased alive on 2-22-1955 and that death occurred at 12:30 A.m. from the causes and on the date stated above.

SIGNATURE (Person or Title): H. F. Fleisher — ADDRESS: Frederick Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/25/55 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Frederick Md

DATE REC'D BY LOCAL REG.: 24 Feb. 1955 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR — ADDRESS: Harry E. Cantz Co. Frederick Md

VS. A15

RECEIVED
FEB 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01596

1619 **CERTIFICATE OF DEATH** Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) George (Middle) C (Last) Minnick
4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1955
5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 8-23-1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Minnick
14. MOTHER'S MAIDEN NAME: Anne Flook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-6595
17. INFORMANT & ADDRESS: Mrs. Rosa Minnick, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 4.2.1	(A) Acute Coronary Thrombosis	15 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerosis, Coronary	unknown
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18..., 1954 to 2/23, 1955, that I last saw the deceased alive on 2/23 ..., 1955, and that death occurred at 4:05 AM, from the causes and on the date stated above.
SIGNATURE Kenneth C. Stinson M.D. ADDRESS Middletown, Md. DATE SIGNED 2/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2-26-1955 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) (State) Middletown Md.

DATE REC'D BY LOCAL REGISTRAR 2-24-55 | REGISTRAR'S SIGNATURE Irvin Gladhill | 24. FUNERAL DIRECTOR Gladhill Co. | ADDRESS Middletown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01597

1620

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF STILLBIRTH
County Frederick Maryland.
City or town (If outside city or town limits write "RURAL" and nearest town) Rural - near Thurmont
Street address, hospital, or institution Rt. #1
Length of mother's stay in this County (Give years, or months, or days) 33 yrs

2. USUAL RESIDENCE OF MOTHER:
State Maryland
County Frederick
City or town (If outside city or town limits write "RURAL" and nearest town) Rural - near Thurmont
Street Address Rt. #1

3. CHILD'S NAME (First) Peggy (Middle) Louise (Last) Misner

4. Sex Female | 5. Twin or other No | If so-born 1st, 2nd, 3rd | 6. DATE OF BIRTH (Month, Write Out) February (Day) 13 (Year) 1955

FATHER OF CHILD

7. Full Name Albert Misner | 8. Color or race White

9. Age at time of this birth 40 yrs. | 10. Birthplace (State or foreign country) Md. | 11. Usual occupation Laborer | Kind of industry or business Contracting

MOTHER OF CHILD

12. Full maiden name Pearl Ludine Brice | 13. Color or race White

14. Age at time of this birth 33 yrs. | 15. Birthplace (State or foreign country) Md.

16. Number of OTHER children born to mother (Do NOT include this child)

Now living	Born alive but now dead	Born dead	Total Children (Not including this child)
6	0	0	6

17. Length of pregnancy: 39 weeks | Weight of child at birth: 2 lbs. 1 oz.

18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
(a) Fetal causes Arrested development - microcephalus
(b) Maternal causes none

19. State any complications of pregnancy and labor none

20. State all operations for delivery Breech delivery

Burial, Cremation, Removal, (Specify) Burial | Date Feb. 13th. 1955

Cemetery or Crematory: United Brethern Cem.
Location Thurmont. Fredk. Co. MD

Funeral Director M.L.Creager & Son. Thurmont. MD

21. I hereby certify that this child was born dead on the date stated above at 2:15 a. m

Signature M. Franklin Bird M.D.
Physician ☑ Midwife ☐ Other ☐

Address Thurmont Md. | Date signed 2/13/55

Date rec'd by local Reg. Feb. 13, 1955 | Registrar's signature Blanche L. Eyler | If NOT attended by Physician

"The above certificate has been examined by me"

Health Officer, per

V.S. A10—8-51

NOTE: Midwives please take this certificate directly to the County Health Officer, or to your public health nurse for approval.

10253273 Baby did not breathe. Heart beat for 15 min.

RECEIVED
FEB 23 1955
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1599 **CERTIFICATE OF DEATH** Reg. Dist. No. 01598 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) // Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick //
STREET ADDRESS (If rural give location) 5 East Seventh Street /

3. NAME OF DECEASED: (First) LeMARL (Middle) PATRICK (Last) MOORE (Also known as Patrick L. Moore)

4. DATE OF DEATH: (Month) February (Day) 17, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 17 March 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner- Vending Machine Co.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Moore

14. MOTHER'S MAIDEN NAME: Catherine J. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 214-10-1836

17. INFORMANT & ADDRESS: 5 E. 7th St., Mrs. Mary W. Moore, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pontine Intestinal Hemorrhage	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Ruptured Esophageal Varices	2 days
	(C) DUE TO Liver Cirrhosis	5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Feb. 17, 1955, that I last saw the deceased alive on Feb. 17, 1955, and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE E. A. Dettbarn M. D ADDRESS Frederick, Maryland DATE SIGNED 17 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 19 Feb 1955 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 18 Feb. 1955 REGISTRAR'S SIGNATURE Elizabeth S. Heb.

24. FUNERAL DIRECTOR M. R. Etchison & Son ADDRESS Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01599

1621

CERTIFICATE OF DEATH

Reg. Dist. No. 1 32

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Middletown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Julia (Middle) M. (Last) O'neal

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 6-28-1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Putman

14. MOTHER'S MAIDEN NAME: Rebecca Shriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Millard O'neal, Brookville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 427.1

(A) Coronary Occlusion DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) Arterio-Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: Suddenly

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1955, to Feb 23, 1955, that I last saw the deceased alive on Feb 22 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE J. E. Harp M. D. ADDRESS Middletown DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-26-1955

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) (State) Middletown Md.

DATE REC'D BY LOCAL REGISTRAR Feb 24-55

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR AND ADDRESS Gladhill Co., Middletown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01600

1622 CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1449 Hull Street, 3V01-4

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Louis (Last) Peregoy
4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH. April 25, 1910
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Peregoy
14. MOTHER'S MAIDEN NAME: Helena Klammer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-6965
17. INFORMANT & ADDRESS: George Louis Peregoy, 1449 Hull St., Balto.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis. — 6 months.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1955, to Feb. 2, 1955, that I last saw the deceased alive on Feb. 2, 1955, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE J. R. Lyon M. D. ADDRESS Cullen, Md. DATE SIGNED February 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-7-55 — NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park — LOCATION (City, town, or county) (State) Glenn Burnie, A. A.Co., Md.

DATE REC'D BY LOCAL REGISTRAR 2/2/55 — REGISTRAR'S SIGNATURE J. R. Lyon

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01601

16-0

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Fred. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 408 Lee Place

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) A. (Last) Rice

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: 3-9-1903

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John W. Harris

14. MOTHER'S MAIDEN NAME: Eugenia Harp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-28-5396

17. INFORMANT & ADDRESS: Alvin N. Rice, 408 Lee Place, Fred., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Ruptured aortic aneurysm DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Arteriosclerosis DUE TO — Months
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1955, to 2/25, 1955, that I last saw the deceased alive on 2/27, 1955, and that death occurred at 5:15 A M, from the causes and on the date stated above.

SIGNATURE James B. Thomas, M.D. M. D. ADDRESS Frederick, Md. DATE SIGNED 2/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-2-1955
NAME OF CEMETERY OR CREMATORY U. B. Cemetery
LOCATION (City, town, or county) (State) Myersville Md

DATE REC'D BY LOCAL REGISTRAR 2 March 1955
REGISTRAR'S SIGNATURE Elizabeth G. Hess
24. FUNERAL DIRECTOR ADDRESS Gladhill C., Middletown, Md.

RECEIVED
MAR 3 1955
BUREAU V. S

1691

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01602

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN LIBERTYTOWN X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BARBARA	ANN	ROBERTS	FEB	13	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	C	S	12/24/34	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
domestic	domestic	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOT KNOWN	GLADYS HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	AMBROSE HILL, LIBERTYTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CONGESTIVE HEART FAILURE AND UREMIA	1 MONTH
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CHRONIC GLOMERULONEPHRITIS	UNKNOWN
(c)		

592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 3, 1955, to Feb 13, 1955, that I last saw the deceased alive on Feb 11, 1955, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Barry J. Plunkett, Jr.	M.D.	Walkersville Md.	Feb 14, 1955

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	FEB 16-1955	ST PETERS	LIBERTYTOWN	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
16 Feb 1955	Elizabeth G. Heck	D D HARTZLER & SONS	LIBERTYTOWN MD

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01603

1623 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) CHARLES (Middle) WILLIAM (Last) ROBERTS
4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1955
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: June 22-1873
9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Stonework
10b. KIND OF BUSINESS OR INDUSTRY: mason
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert B Roberts
14. MOTHER'S MAIDEN NAME: Laura Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 216-14-6516
17. INFORMANT & ADDRESS: Mary B Roberts Libertytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteri Sclerosis

DUE TO,

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-, 1955, to 2-28-, 1955, that I last saw the deceased alive on 2-27-, 1955, and that death occurred at 2:30 PM from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) M D ADDRESS Union Bridge Md DATE SIGNED 3-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 3/3/55 NAME OF CEMETERY OR CREMATORY Wesley Cemetery LOCATION (City, town, or county) Frederick Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR March 1-1955 REGISTRAR'S SIGNATURE Elizabeth S. Hack.

24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS Libertytown, Md

VS. A15

RECEIVED
MAR 7 1955
BUREAU OF S

01604

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1624 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2
LENGTH OF STAY (in this place) 27 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Urbana

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2
STREET ADDRESS (If rural give location) Near Urbana

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) MOSELLE (Last) BAYARD ROSENCRANTZ

4. DATE OF DEATH: (Month) (Day) (Year) February 13, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: 5 Oct 1892

9. AGE last birthday 62 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonah F. Randolph Bayard

14. MOTHER'S MAIDEN NAME: Mary Minerva Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Paul B. Rosencrantz, RD#2, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of Colon — 2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 1953 to July 13 1953 that I last saw the deceased alive on July 10 1955 and that death occurred at 4:30 PM, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Frederick, Maryland DATE SIGNED 14 Feb 1955

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (SPECIFY) Cremation — DATE THEREOF 17 Feb 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 15 Feb. 1955 — REGISTRAR'S SIGNATURE Elizabeth L. Keck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

01605

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1602

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) // Frederick
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 411 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) VINA (Middle) GRACE (Last) SAUNDERS

4. DATE OF DEATH: (Month) (Day) (Year) February 19, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Nov. 22, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Packard

14. MOTHER'S MAIDEN NAME: Clara (Last Name Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 411 North Market St., Walter W. Saunders, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemmbage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Neurofibroma - Spinal Cord — 9 yrs

19A. DATE OF OPERATION: Jan. 1946

19B. MAJOR FINDINGS OF OPERATION: Neurofibroma - Mid Thoracic Region of Spinal Cord

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1946, to Feb. 19 ..., 1955, that I last saw the deceased alive on Feb. 19 ..., 1955, and that death occurred at 8:30A M, from the causes and on the date stated above.

SIGNATURE A. Justin Pearre M. D. ADDRESS Frederick, Maryland DATE SIGNED 2/21/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb. 21, 1955 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 Feb - 1955 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01606

1625

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Petersville

LENGTH OF STAY (in this place) 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Stonesifer Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook 21X

STREET ADDRESS (If rural, give location) R.F.D. #1, Knoxville, Md.

3. NAME OF DECEASED: (Type or Print) (First) ESSIE (Middle) EVA (Last) SHEWBRIDGE

4. DATE OF DEATH: (Month) (Day) (Year) February 1, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 7, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 8 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sandy Hook, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Edwin Johnson

14. MOTHER'S MAIDEN NAME: Harriet Amelia McAbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. James A. Shewbridge R.F.D. # 1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardio-Vascular Renal Disease — Unknown

DUE TO

260 X1 (c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Jan 31, 1955, that I last saw the deceased alive on Jan. 31, 1955, and that death occurred at 12:20A.m., from the causes and on the date stated above.

SIGNATURE Milford Williams (DEGREE OR TITLE) M.D. ADDRESS Charles Town, W.Va. DATE SIGNED 2-3-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 2/3/55 NAME OF CEMETERY OR CREMATORY Brethren Cemetery LOCATION (City, town, or county) Brownsville, Maryland (State)

DATE REC'D BY LOCAL REG. 2-3-55 REGISTRAR'S SIGNATURE Eugenia H. Bush

24. FUNERAL DIRECTOR Donald Eackles ADDRESS Bolivar, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 7 1975
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1626 CERTIFICATE OF DEATH

Reg. Dist. No. 010034

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Taneytown

LENGTH OF STAY (in this place): 27 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: no Taneytown R D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown X

STREET ADDRESS (If rural give location): Taneytown R.D.# 2

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Leonard (Last) Shockley

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1895

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Carroll County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claude M. Shockley

14. MOTHER'S MAIDEN NAME: Ida Huff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Peter L. Shockley Taneytown R.D.2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral hemorrhage — Interval Between Onset And Death: 7 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neurodermatitis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 ....,1954, to Feb 21 ....., 1955, that I last saw the deceased alive on Feb 19 .., 1955 ...., and that death occurred at 5:30 A M ...., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles R Williams MD — ADDRESS: Emmitsburg Md. — DATE SIGNED: Feb 21, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 23, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. View — LOCATION (City, town, or county) (State): Emmitsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: Feb 22 1955 — REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR: S. L. Allison — ADDRESS: Emmitsburg, Md.

S. L. Allison

VS. A15

1693

01608

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) MINS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS EN ROUTE FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY Gloucester
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ PITMAN
STREET ADDRESS (If rural, give location) 25 Kenton Av.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) (NMI) (Last) SHOLL

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 11, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	NOV. 19, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	PENNSYLVANIA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CALVIN A. HARE	RENE MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO.	-	HUSBAND - PITMAN, N.J. (JOHN G. SHOLL)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

816X
Immediate cause (a) CRUSHED CHEST, FRACTURED PELVIS - FRACTURED
DUE TO RT. HUMERUS, FRACTURED RT. FEMUR
Antecedent cause(s) (b) SURGICAL SHOCK
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 HR.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY HIGHWAY	21c. (City or town) RIDGEVILLE	(County) CARROLL	(State) MARYLAND

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
FEB. 11, 1955 Ca. 10 00 A.M.		STRUCK BROADSIDE BY A TRAILER-TRUCK

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Tunis, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Feb. 4, 1955

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	2-15-1955	Pitman Cemetery	Pitman - N.Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12 Feb. 1955	Elizabeth S. Heck	C.E. Cline and Son	Frederick-Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01609

1627

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY: Frederick — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Creagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Creagerstown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Creagerstown X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (First) Grayson (Middle) Elmer (Last) Shryock

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Oct. 15, 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Creagerstown
12. CITIZEN OF WHAT COUNTRY? Citizen USA

13. FATHER'S NAME: Washington Shryock
14. MOTHER'S MAIDEN NAME: Mary Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Catherine Long Creagerstown, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral hemorrhage, left	40 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertension	?
	DUE TO	
	(C) Arteriosclerosis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic myocarditis	?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1955, to Feb. 13, 1955 that I last saw the deceased alive on Feb. 13, 1955, and that death occurred at 8:00 P.M, from the causes and on the date stated above.

SIGNATURE M. Franklin Bird M. D. ADDRESS Thurmont Md. DATE SIGNED 2/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/16/55	Utica Cemetery	Utica Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 14, 1955	Blanche S. Eyler	M.L. Creager and Son Thurmont, Md.

1905

BUREAU V. S.

1628 01610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) X RURAL - MT. PLEASANT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKAIG RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ RURAL - MT. PLEASANT X
STREET ADDRESS (If rural, give location) McKAIG ROAD 1

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) ABRAHAM (Last) SNYDER
4. DATE OF DEATH (Month) FEB. (Day) 11, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: DEC. 15, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY: CREAMERY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES EDWARD SNYDER
14. MOTHER'S MAIDEN NAME: SARAH ELLEN NUSBAUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: SISTER - ANNIE E. GARDER, SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) ACUTE CORONARY ARTERY OCCLUSION
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: MINS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finie, M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-11-55

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 2/15/55
NAME OF CEMETERY ~~OR CREMATORY~~ Chapel
LOCATION (City, town, or county) (State) Mt. Libertytown

DATE REC'D BY LOCAL REG. 14 Feb 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS T. C. Barton, Walkersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information can[illegible]ly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1629

01611
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CULLEN
LENGTH OF STAY (In this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VICTOR CULLEN STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RTE 3 ELKTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LEE (Middle) ROY (Last) SPARKS

4. DATE OF DEATH (Month) (Day) (Year) FEB. 20, 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB. 18, 1903

9. AGE Last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: TRUCKING

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALEXANDER SPARKS

14. MOTHER'S MAIDEN NAME: ELIZABETH QUICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-81-815

17. INFORMANT & ADDRESS: RECORDS VICTOR CULLEN STATE HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
1	Immediate cause	(a) CONGESTIVE HEART FAILURE	10 HRS.
2	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) MECHANICAL COMPRESSION OF HEART AND GREAT VESSELS	? 1YR
3		DUE TO (c) BRONCHIOGENIC CARCINOMA	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CEREBRAL CONCUSSION - FRACTURED RIBS - LAENNEC'S CIRRHOSIS

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STATE HOSP.

21c. (City or town) CULLEN (County) FREDERICK (State) MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY FEB. 19, 1955 11:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? FELL OUT SCREENED PORCH

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Finnie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Feb. 20, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Elkton, Cecil Co.,

DATE REC'D BY LOCAL REG. 2/20/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR M. L. Craig & Son

ADDRESS Elkton, Md.

VS. A15A - 5 - 53

1955

1694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01612

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) Frederick; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Ross (Last) Strine

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Oct 2, 1884

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm & feed

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Strine

14. MOTHER'S MAIDEN NAME: Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-03-0476

17. INFORMANT: Mrs. Charles R. Strine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis & myocardial infarction — Interval between onset and death: 3 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic CVD — 10 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1955, to 2/26, 1955, that I last saw the deceased alive on 2/26, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James E. Stoner Jr. (Degree or title) M.D. ADDRESS Walkersville Md DATE SIGNED 2/28/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 1, 1955

NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery

LOCATION (City, town, or county) (State): Woodsboro Md

DATE REC'D BY LOCAL REG.: 1 March 1955

REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: Powell & Hantzler ADDRESS Woodsboro, Md.

VS. A15

RECEIVED
MAR 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1630 **CERTIFICATE OF DEATH**

Reg. Dist. No. 01613 / 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Middletown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Summers

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify): married

8. DATE OF BIRTH: 10-9-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10B. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lawson Summers

14. MOTHER'S MAIDEN NAME: Julia Fredericks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Nellie Summers, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

IMMEDIATE CAUSE (A) Cardio-renal-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Extreme Arterio Sclerosis -

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1955 to Feb 14, 1955, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE Elmer Harp M. D. ADDRESS Middletown DATE SIGNED 2-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2-17-1955 — NAME OF CEMETERY OR CREMATORY Harmony Cemetery — LOCATION (City, town, or county) Frederick Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 17-55 — REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR Gladhill Co. — ADDRESS Middletown, Md.

RECEIVED
FEB 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01614

1605

CERTIFICATE OF DEATH

122, W. 6th., St., F[illegible] 122, W. 6th., St., Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122, W. 6th. St.	STREET ADDRESS (If rural give location) 122 W. 6th. St.

3. NAME OF DECEASED: (Type or Print) (First) [illegible] PRISCILL (Middle) [illegible] TOWS (Last)

4. DATE OF DEATH: (Month) F (Day) 19 (Year) 19 55

5. SEX: F[illegible]

6. COLOR OR RACE: [illegible]

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): [illegible]

8. DATE OF BIRTH: J. 27, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H[illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mont[illegible] County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Know[illegible]

14. MOTHER'S MAIDEN NAME: Not Known.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. [illegible]lter To[illegible]s, (Son) 122, W. 6th, St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 4 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 20 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1955, to 2-18, 1955, that I last saw the deceased alive on 2-18, 1955, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) Bourne Jr — ADDRESS: Frederick Md — DATE SIGNED: 2-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible] — DATE THEREOF: Feb. 22, 1955 — NAME OF CEMETERY OR CREMATORY: Glade Cemetery — LOCATION (City, town, or county) (State): Walkersville Md.

DATE REC'D BY LOCAL REGISTRAR: 21 Feb 1955 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: Robert E. Dailey, FREDERICK, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ARCHIVES
FEB 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01615

1606

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) 11 Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1,9 Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location) 421 East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) Ann (Last) Tracey
4. DATE OF DEATH: (Month) (Day) (Year) February 4 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): single
8. DATE OF BIRTH: February 4, 1955
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? ~~[illegible]~~
13. FATHER'S NAME: Phillip Charles Tracey
14. MOTHER'S MAIDEN NAME: Kathryn Caroline Knott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mother - 421 East Main St Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1955, to ....., 1955 that I last saw the deceased alive on ....., 19..., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE James K. Gray M.D. (Degree or title) ADDRESS Thurmont DATE SIGNED 2/4/55

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF Feb. 5-55
NAME OF CEMETERY OR ~~CREMATORY~~ U.B. Cem
LOCATION (City, town, or county) Thurmont, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 4 Feb 1955
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M L Creagan & Son ADDRESS Thurmont Md

2025452250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FED
DONALD V. S.

01616

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1631

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Thurmont
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thurmont

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont X
STREET ADDRESS (If rural give location) / Thurmont

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Clayton (Last) Wastler

4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1955

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH.	9. AGE last birthday IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 15, 1870	84 yrs. 10	5		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Worked for Contrac- tors	Thurmont	Citizen USA

13. FATHER'S NAME: Jonas Wastler

14. MOTHER'S MAIDEN NAME: Dianna Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.
No		None	Mrs. Ethel Fry Thurmont, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

232X IMMEDIATE CAUSE (A) Cerebral occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral thrombosis — 7 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1955 to Feb. 20, 1955 that I last saw the deceased alive on Feb. 17, 1955, and that death occurred at 4:10 P M, from the causes and on the date stated above.

SIGNATURE James K. Gray M. D. ADDRESS Thurmont Md. DATE SIGNED Feb. 21-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/55	Blue Ridge Cemetery	Thurmont Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 22, 1955	Blanche S. Eyler	M. L. Creager and Son Thurmont, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01617

1632

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Doubs
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) EDWARD (Last) WILLARD

4. DATE OF DEATH: (Month) (Day) (Year) February 13, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH: 7 March 1857

9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Trackman

10B. KIND OF BUSINESS OR INDUSTRY: Railroad Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Willard

14. MOTHER'S MAIDEN NAME: Mary Bussard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 217 7th St., N. E., Miss Mary V. Willard, Washington 2, D. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis — ?

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Previous Cerebral Hemorrhage — 3 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1937, to 13 Feb., 1955, that I last saw the deceased alive on Nov., 1954, and that death occurred at 6:25 A M, from the causes and on the date stated above.

SIGNATURE Charles H Cosby Jr M. D. ADDRESS Frederick, Maryland DATE SIGNED 14 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 16 Feb 1955

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 Feb. 1955

REGISTRAR'S SIGNATURE Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
FEB 16 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01618

1697 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ 11 Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ijamsville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) HARRIETT (Middle) (Last) Zimmerman
4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): S
8. DATE OF BIRTH: 1 Oct 54
9. AGE last birthday: yrs. 4 IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Zimmerman
14. MOTHER'S MAIDEN NAME: Viola E. Hardman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) ~~Malnutrition~~ a) Hydrocephalus, internal

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Spina bifida with Meningomyelocele (lumbar) 4 1/2 mo

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1954, to 20 Feb, 1955, that I last saw the deceased alive on 20 Feb, 1955, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. Guest, MD 7 E. Church St. Frederick 21 Feb 55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Feb. 22, 1955
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 22 Feb. 1955
REGISTRAR'S SIGNATURE Elizabeth L. Hess.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

1004314395

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1955
BUREAU V. S.